



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

SHANNON CLINIC

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-16-2317-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

APRIL 7, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have sent in supporting medical records supporting this procedure code."

Amount in Dispute: \$631.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Provider has billed for 95911 which is 9-10 nerve conduction studies and only 8 nerve conduction studies are supported by documentation."

Response Submitted By: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 15, 2015	CPT Code 95911 Nerve Conduction Studies (9-10)	\$631.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 11(112)-Service not furnished directly to the patient and/or not documented.
 - P12-Workers compensation jurisdictional fee schedule adjustment.

- W3-Additional payment made on appeal/reconsideration.
- BL-This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments.

Issues

Does the documentation support billing CPT code 95911? Is the requestor entitled to reimbursement?

Findings

According to the explanation of benefits, the respondent denied reimbursement for code 95911 based upon reason code "11(112)-Service not furnished directly to the patient and/or not documented."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 95911 is defined as "Nerve conduction studies; 9-10 studies". There are three types of nerve conduction studies that are represented by these codes: sensory conduction, motor conduction (with or without an F wave test), or an H-reflex test. Each nerve conduction study is reported only once per nerve even when multiple sites of the same nerve are studied.

A review of the submitted medical report supports 8 studies; therefore, the requestor did not support billing CPT code 95911. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		05/13/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.